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Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

**2010**

Open to Public Inspection

**A** For the 2010 calendar year, or tax year beginning **SEP 1, 2010** and ending **AUG 31, 2011**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: **FINANCE & ADMINISTRATION ROUNDTABLE**  
 Number and street (or P O box, if mail is not delivered to street address): **1325 G STREET, NW**  
 Room/suite: **500**  
 City or town, state or country, and ZIP + 4: **WASHINGTON, DC 20005**

**D** Employer identification number: **52-1472418**

**E** Telephone number: **(703) 971-1116**

**F** Group Exemption Number: **▶**

**G** Accounting Method:  Cash  Accrual Other (specify) **▶**

**I** Website: **▶ HTTP://WWW.FAR-ROUNDTABLE.ORG**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c)( 6 ) ◀(insert no)  4947(a)(1) or  527

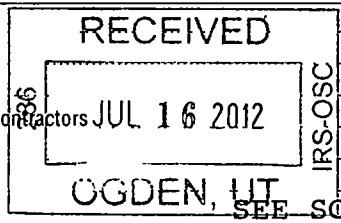
**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **▶ \$ 176,877.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	250.
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	114,317.
<b>3</b>	Membership dues and assessments	<b>3</b>	61,881.
<b>4</b>	Investment income	<b>4</b>	429.
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
<b>5b</b>	Less cost or other basis and sales expenses	<b>5b</b>	
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
<b>6</b>	Gaming and fundraising events		
<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>6b</b>	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	
<b>6c</b>	Less direct expenses from gaming and fundraising events	<b>6c</b>	
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>7b</b>	Less cost of goods sold	<b>7b</b>	
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	176,877.
<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
<b>11</b>	Benefits paid to or for members	<b>11</b>	
<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	
<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	5,414.
<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>	151,066.
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	156,480.
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	20,397.
<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	144,754.
<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	0.
<b>21</b>	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	<b>21</b>	165,151.



LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2010)

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**Part II Balance Sheets.** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	234,473.	173,801.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	1,748.	0.
25 Total assets	236,221.	173,801.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	91,467.	8,650.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	144,754.	165,151.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 SEE SCHEDULE O		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 PUBLICATION OF BI MONTHLY NEWSLETTER KEEPS MEMBERS INFORMED OF NEWS AFFECTING THE NONPROFIT FINANCE AND ADMINISTRATION COMMUNITY.		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
H. CRIS COLLIE, CAE, 1325 G STREET, NW #500, WASHINGTON, DC 20005	EXECUTIVE DIRECTOR 10.00	0.	0.	0.
WES TOMER, 1325 G STREET, NW #500, WASHINGTON, DC 20005	CHAIR 1.00	0.	0.	0.
THOMAS NORDBY, 1325 G STREET, NW #500, WASHINGTON, DC 20005	PAST CHAIR 1.00	0.	0.	0.
MICHAEL TRYON, 1325 G STREET, NW #500, WASHINGTON, DC 20005	VICE CHAIR 1.00	0.	0.	0.
PATRICIA ADKINS, 1325 G STREET, NW #500, WASHINGTON, DC 20005	SECRETARY 1.00	0.	0.	0.
SUSAN STATON, 1325 G STREET, NW #500, WASHINGTON, DC 20005	TREASURER 1.00	0.	0.	0.
DAVID AKRIDGE, 1325 G STREET, NW #500, WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
YASAMIN AL-ASKARI, 1325 G STREET, NW #500, WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
MARY S. BOWIE, 1325 G STREET, NW #500, WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
STEVE COCKE, 1325 G STREET, NW #500, WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
JAMES N. MAY, 1325 G STREET, NW #500, WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
ROBYN L. MORRISS, 1325 G STREET, NW #500, WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ 37a</span> <u>0.</u>		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">▶ 38b</span> <u>N/A</u>		
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9 <span style="float:right">▶ 39a</span> <u>N/A</u>		
39b	b Gross receipts, included on line 9, for public use of club facilities <span style="float:right">▶ 39b</span> <u>N/A</u>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right">▶</span> <u>N/A</u> , section 4912 <span style="float:right">▶</span> <u>N/A</u> , section 4955 <span style="float:right">▶</span> <u>N/A</u>		
40b	b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I <span style="float:right">▶</span> <u>N/A</u>		N/A
40c	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶</span> <u>N/A</u>		
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶</span> <u>N/A</u>		
40e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T <span style="float:right">▶</span> <u>N/A</u>		X
41	List the states with which a copy of this return is filed <span style="float:right">▶</span> <u>NONE</u>		
42a	The organization's books are in care of <span style="float:right">▶</span> <u>COLLIE GORG GROUP</u> Telephone no <span style="float:right">▶</span> <u>(703) 971-1116</u> Located at <span style="float:right">▶</span> <u>PO BOX 3363, WARRENTON, VA</u> ZIP + 4 <span style="float:right">▶</span> <u>20188</u>		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶</span> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶</span> <u>43</u> <u>N/A</u>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ <span style="float:right">▶</span> <u>N/A</u>		X
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ <span style="float:right">▶</span> <u>N/A</u>		X
44c	c Did the organization receive any payments for indoor tanning services during the year? <span style="float:right">▶</span> <u>N/A</u>		X
44d	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <span style="float:right">▶</span> <u>N/A</u>		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: Susan Staton Date: 07/12/2012  
 Type or print name and title: Susan Staton Treasurer

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

FINANCE & ADMINISTRATION ROUNDTABLE

Employer identification number

52-1472418

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
CD INTEREST	429.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
AUDIO VISUAL	4,625.
BANK SERVICE CHARGES	4,682.
CATERING	42,004.
EQUIPMENT	63.
INSURANCE	1,748.
MANAGEMENT FEE	50,030.
SUPPLIES	2,961.
TELEPHONE & FAX	315.
TRAVEL	278.
WEBSITE EXPENSES	5,865.
INCOME TAXES	6,000.
PROFESSIONAL FEES	31,188.
OFFICE EXPENSE	647.
DUES AND SUBSCRIPTIONS	660.
TOTAL TO FORM 990-EZ, LINE 16	151,066.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES	1,748.	0.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**  
Open to Public  
Inspection

Name of the organization

FINANCE & ADMINISTRATION ROUNDTABLE

Employer identification number

52-1472418

**FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	90,727.	8,650.
ACCOUNTS PAYABLE	740.	0.
<b>TOTAL TO FORM 990-EZ, LINE 26</b>	<b>91,467.</b>	<b>8,650.</b>

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE LEARNING AND NETWORKING OPPORTUNITIES IN ADMINISTRATION AND FINANCIAL MANAGEMENT OF NONPROFIT ORGANIZATIONS.

**FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:**

MONTHLY LUNCHEON PROGRAMS FEATURE TOPICS OF INTEREST TO EDUCATE AND PROVIDE AN OPPORTUNITY FOR THE EXCHANGE OF IDEAS. CONTINUING EDUCATION CREDITS ARE PROVIDED FOR MEMBERS OF THE AICPA AND ASAE.

**FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:**

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.



- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II** **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	FINANCE & ADMINISTRATION ROUNDTABLE	52-1472418
	Number, street, and room or suite no. If a P.O. box, see instructions. 1325 G STREET, NW, NO. 500	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005	

Enter the Return code for the return that this application is for (file a separate application for each return) ..... **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**COLLIE GORG GROUP**

- The books are in the care of **PO BOX 3363 - WARRENTON, VA 20188**  
Telephone No. **(703) 971-1116** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **JULY 15, 2012**.
- For calendar year \_\_\_\_\_, or other tax year beginning **SEP 1, 2010**, and ending **AUG 31, 2011**.
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- State in detail why you need the extension  
**THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN HAS NOT YET BEEN OBTAINED.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature [Signature] Title CPA Date 4/10/12